

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21874

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11/19/2003

EDWARDS & ANGELL, LLP  
 P.O. BOX 9169  
 BOSTON, MA 02209

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Eileen M. Woodbury	(Depositor's name)
Eileen M. Woodbury	(Signature)
2/19/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/294,298	04/19/1999	RICHARD L. HUGANIR	48235	5982

TITLE OF INVENTION: SIGNAL TRANSDUCING SYNAPTIC MOLECULES AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, PATRICK J	1644	536-023500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Edwards & Angell, LLP2. Peter F. Corless3. Robert L. Buchanan

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Johns Hopkins University

Baltimore, MD

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/26/2004 FMETEK12 00000137 09294298

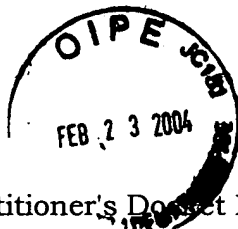
01 FC:2501

665.00 OP

02 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Document No. 48235 (71699)

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Huganir et al.

Application No.: 09/294,298

Group No.: 1644

Filed: 04/19/1999

Examiner: Nolan, Patrick J.

For: SIGNAL TRANSDUCING SYNAPTIC MOLECULES AND  
USES THEREOF

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to **MAIL STOP ISSUE FEE**, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on February 19, 2004.

By: Eileen M Woodbury  
Eileen Woodbury

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
**MAIL STOP ISSUE FEE**

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)**

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:

Regular

Design

☐ other than a small entity fee

☐ \$1,300.00

☐ \$460.00

☒ small entity fee

☒ \$ 665.00

3. Publication fee

☐ \$300.00

4. Advanced order of soft copies of patent fee

☒ \$30.00

Total Fee Enclosed: \$695.00

Serial No. 09/294,298  
Inventor: Hukanir et al.  
Filed: 04/19/1999  
Art Unit: 1644  
Examiner: Nolan, Patrick J.

**5. Payment of fee:**

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☒ Charge Account \_\_\_04-1105\_\_\_\_\_ for any fee deficiency.

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A duplicate of this request is attached.

Date: February 19, 2004  
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Tel. No. (617) 439-4444  
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